

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/857133		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2				1			52				
3				1			53				
4		3		1			54				
5		3		1			55				
6		0					56				
7		0		1			57				
8		0		6			58				
9		0		1			59				
10		0					60				
11	1		1				61				
12		0		1			62				
13				1			63				
14				6			64				
15				1			65				
16				1			66				
17				1			67				
18				1			68				
19				1			69				
20				1			70				
21				1			71				
22				1			72				
23				1			73				
24				1			74				
25				1			75				
26				1			76				
27				1			77				
28				1			78				
29				15			79				
30			1				80				
31				1			81				
32				1			82				
33				1			83				
34				1			84				
35				1			85				
36				1			86				
37				1			87				
38				1			88				
39				1			89				
40				1			90				
41				1			91				
42				12			92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		3				TOTAL IND.				
TOTAL DEP.	14		72				TOTAL DEP.				
TOTAL CLAIMS	16		75				TOTAL CLAIMS				